

TAB 7 Intervention Selection Form Area 6 Rural South Texas
Eagle Pass/Del Rio/Victoria

Subpopulation: FMS Women White Ranking: 14

Name of Intervention	AIDS Education for Drug Abusers
Risk Behavior(s)	<ul style="list-style-type: none"> • Sex without condoms • Sharing unsterile injecting equipment
Influencing Factor(s) of FIBs	<ul style="list-style-type: none"> • Self-efficacy • Intentions • Expected outcomes • Perceived susceptibility • Cultural norms • Group norms • Peer pressure • Social support • Environmental facilitators (access to condoms and bleach kits)
Intended Immediate Outcomes	To determine the effects of a small group Informational and Enhanced Education interventions on drug and sex related HIV risk behaviors.
Type	Group level intervention
Setting	Inpatient drug detoxification and rehabilitation center.
Is this intervention currently being provided in your planning area?	No
Rationale for Selecting this Intervention:	After exit from the program, participants in both interventions reported significant reductions in drug and sex related risk behaviors compared with their baseline level of risk. For two behaviors, drug injection and cocaine use, the Enhanced Education intervention had significantly greater effects than the Informational Education intervention.

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Name of Intervention	Condom Skills Education and Sexually Transmitted Disease Re-infection
Risk Behavior(s)	<ul style="list-style-type: none"> • Unprotected sex • Multiple partners
Influencing Factor(s) of FIBs	<ul style="list-style-type: none"> • Perceived susceptibility • Fatalism • Self esteem. • Sexual arousal.
Intended Immediate Outcomes	A reduction in re-infection with an STD over a 12 month period.
Type	Group-Level Interventions
Setting	Waiting room of an STD clinic
Is this intervention currently being provided in your planning area?	No
Rationale for Selecting this Intervention:	Participants were significantly less likely to return to the STD clinic within the next 12 months with a new STD infection than those in the comparison condition.

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Name of Intervention	Community Demonstration Projects
Risk Behavior(s)	<ul style="list-style-type: none"> • Sex without condoms • Sharing unsterile injection equipment
Influencing Factor(s) or FIBs	<ul style="list-style-type: none"> • Self-efficacy Group norms • Peer pressure • Social support • Environmental facilitators (access to condoms and bleach kits) • Intentions • Expected outcomes • Perceived susceptibility • Cultural norms
Intended Immediate Outcomes	To increase condom use with main and non-main partners. To increase disinfection of injecting equipment
Type	Community Level
Setting	Street settings, public sex environments, other community venues
Is this intervention currently being provided in your planning area?	No
Rationale for Selecting this Intervention:	Individuals in the intervention communities demonstrated significantly greater achievement of consistent condom use and maintenance of consistent condom use with non-main partners than individuals in the comparison communities.

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Name of Intervention	Enhancing Motivation to Reduce Risk of HIV Infection for Economically Disadvantaged Urban Women
Risk Behavior(s)	<ul style="list-style-type: none"> • Unprotected sex • Multiple sex partners • Substance use
Influencing Factor(s) or FIBs	<ul style="list-style-type: none"> • Perceived susceptibility • Cultural norms • Self-efficacy • Social Support • Intentions • Sense of Community • Substance use • Expected Outcomes • Group norms
Intended Immediate Outcomes	To reduce HIV -related risk behavior by increasing HIV related knowledge, increasing awareness of personal risk perception and combining motivational enhancement strategies with behavioral skills training.
Type	Group (8-13)
Setting	Community-based organization
Is this intervention currently being provided in your planning area?	No
Rationale for Selecting this Intervention:	Women's issues of having unprotected sex, multiple sex partners as well as substance use keeps them at risk for HIV. By providing the women with ethnically matched, trained therapists, it allows providers a setting for HIV education, behavioral-skills training and extensive role playing and personal feedback.

TAB 7 Intervention Selection Form Area 6 Rural South Texas
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Subpopulation: FMS Women White Youth Ranking: 14

Name of Intervention	AIDS Risk Reduction Education and Skills Training (ARREST) Program-Youth Only
Risk Behavior(s)	<ul style="list-style-type: none"> Risk related sexual and drug-use behaviors.
Influencing Factor(s) of FIBs	Illusion of invulnerability Self-efficacy Communication & negotiation skills Relationship Development
Intended Immediate Outcomes	Adoption of risk reduction skills, for those youth participating in risk behaviors, as a result of increased in perception of risk.
Type	GLI Group Level Intervention
Setting	Community Based Agencies
Is this intervention currently being provided in your planning area?	No
Rationale for Selecting this Intervention:	This intervention should focus only on high risk youth. The skills developed in this intervention will enable youth to make better decisions concerning their willingness to participate in high-risk behaviors. In addition, this intervention clearly provides education and information targeting youths perception of risk.

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ALL HMAZs and the LMAZ

Subpopulation: All **high priority** subpopulations, consistent with CDC Guidance, September 1997

Rankings: Same as the corresponding group in selected HMAZ, LMAZ

Name of Intervention	Prevention Case Management (PCM)
Risk Behavior(s)	Multiple high risk behaviors consistent with HIV Prevention Case Management Guidance, September 1997 by the CDC Substance use Sex without condoms Multiple partners
Influencing Factor(s) or FIBs	Perceived susceptibility Fatalism Self Efficacy Peer Pressure Cultural group norms
Intended Immediate Outcomes	Increase condom use Decrease number of partners Increase Self Esteem Referral for new HIV positives into Early Intervention Programs Referral of HIV positives into more intensive Intervention Programs that address the Factors Influencing the Risky Behavior.
Type	Individual Level Intervention
Setting	Community based organization, STD clinics, other locations
Currently provided?	No
Rationale for selecting intervention:	<p><i>This intervention should target only high-risk individuals, whether HIV-positive or HIV-negative, with multiple, complex problems and risk-reduction needs.</i></p> <p>This intensive, client-centered prevention activity has the fundamental goal of promoting the adoption and maintenance of HIV risk-reduction behaviors. It is suitable for individuals seeking stability and regularity in their lives and/or individuals who are reaching an action step in dealing with health concerns. PCM should include 1) client recruitment and engagement, 2) screening and assessment of HIV and STD risks and medical and psychosocial service needs, 3) development of a client-centered prevention plan, 4) multiple session HIV risk-reduction counseling, 5) active coordination of services with follow-up, 6) monitoring and reassessment of client's needs, risks, and progress, and 7) discharge from PCM services upon attainment and maintenance of risk-reduction goals.</p> <p style="text-align: right;">pcm</p>

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ALL HMAZs and the LMAZ

Subpopulation: All BDTPS; all subpopulations; all races, ethnicities and ages
 Rankings: Same as the corresponding group in selected HMAZ, LMAZ

Name of Intervention	Prevention Counseling/Partner Elicitation
Risk Behavior(s)	Substance use Sex without condoms Multiple partners
Influencing Factor(s) or FIBs	Perceived susceptibility Environmental facilitators (access to condoms and testing) Knowledge of STDs Group or Cultural Norms
Intended Immediate Outcomes	Increase proportion of HIV-infected persons who know their status Increase condom use Improve communication and negotiation skills Improve self perception of risk Provide access to condoms and testing Improve knowledge of STDs Reduce Number of sex partners
Type	Individual Level Intervention
Setting	Community based organization, STD clinics, other community-based locations
Currently provided?	Yes
Rationale for selecting intervention:	<p>Counseling, testing, referral and partner services have been recommended as an effective intervention for all populations in Texas. In the Centers for Disease Control and Prevention's <i>HIV Prevention Strategic Plan Through 2005</i>, Goal 2 is to increase the proportion of HIV-infected people in the U.S. who know they are infected through voluntary counseling and testing. The CDC's objectives to meeting this goal support the inclusion of this intervention for all populations. These objectives include: improving access to voluntary, client-centered counseling and testing in high seroprevalance populations and increasing the number of providers who provide voluntary, client-centered counseling and testing. The core elements of this intervention include risk assessment, risk reduction plan, and the option to test for HIV either anonymously or confidentially.</p> <p>The Texas CPGs recommend the following strategies to promote PCPE: 1) Fact Sheet p. 31. <i>Culturally Tailored HIV/AIDS Risk-Reduction Messages Targeted to African-American Urban Women</i>. This 20-minute video increased the likelihood that women would view HIV as a personal risk, to</p>

	<p>request condoms, to talk with friends about AIDS, and to get tested for HIV.</p> <p>2) Fact Sheet p. 34 <i>Context Framing to Enhance HIV Antibody Testing Messages Targeted to African-American Women</i>. This 25-minute video emphasizes the personal losses from not testing. Women were more likely to get tested and to talk to partners about testing after this video.</p> <p>3) Single session HIV/ADS informational education: basic informational sessions discussing risks, correct condom and bleach kit use, referrals and the like enhance participants willingness to test either during or after the session.</p> <p>4) Bar outreach: sustained, consistent presence in a bar type setting enhances testing. The specific outreach that is known to work consisted of weekly presence in the bar, with an informational table, with staff present and interacting with bar managers, performers and patrons for 2-4 hours at a time. Testing was conducted at the bar or referral made to a community-based organization. Staff gained the trust of all through their sustained efforts.</p> <p>pcpe</p>
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